

**INMATE CONSENT/DECLINATION FOR HIV
POST-EXPOSURE PROPHYLAXIS**

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

I, [name/reg.no.] _____, have been counseled on the risks of transmission of HIV infection following an exposure incident. I have also been educated on the benefits and the potential side effects and drug toxicities related to post-exposure prophylaxis with anti-retroviral medications. I understand that post-exposure prophylaxis is not a guarantee against HIV infection, but has been reported by the Centers for Disease Control to be effective in reducing HIV transmission following certain exposures.

Consent

I have chosen to take anti-retroviral prophylactic medication.

Inmate Signature	Date
Witness	Date

Declination

I have chosen not to take anti-retroviral prophylactic medication.

Inmate Signature	Date
Witness	Date